

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Muchin et al.

Title:

MEDICAL INFORMATION SYSTEM AND METHOD

Appl. No.:

To be Determined

Filing Date:

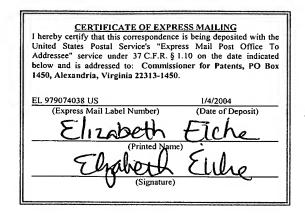
To be Determined

Examiner:

To be Determined

Art Unit:

To be Determined



## UTILITY PATENT APPLICATION **TRANSMITTAL**

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

> Jay Z. Muchin 712 N. 11th Street Manitowoc, Wisconsin 54220

> David J. Merten 4019 Goodwin Road Manitowoc, Wisconsin 54220

Applicant claims small entity status under 37 CFR 1.27.

## Enclosed are:

- [X] Specification, Claim(s), and Abstract (14 pages).
- Informal drawings (13 sheets, Figures 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13). [X]

- [X] Unexecuted Declaration and Power of Attorney (4 pages).
- [X] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims		Included		Extra		Rate		Fee
•	as Filed		in		Claims				Totals
			Basic Fee				•		
Basic Fee					٠		\$770.00	=	\$770.00
Total	5	-	20	=	0	X	\$18.00	=	\$0.00
Claims:			•						
Independents	3	-	3	=	0	x	\$86.00	=	\$0.00
:									
If any Multiple Dependent Claim(s) present: + \$290.00								=	\$0.00
Surcharge under 37 CFR 1.16(e) for late filing of + \$130.00							\$130.00		\$130.00
Executed Decl	laration							=	
							SUBTOTAL:	=	\$900.00
[ X ]		Sm	nall Entity l	Tees	Apply (	subtr	act ½ of above):	=	\$450.00
					Τ	OTA	L FILING FEE:	=	\$450.00

- [ ] A check in the amount of \$0.00 to cover the filing fee is enclosed.
- [ X ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Feb. 4, 2004

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